

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90029 010 ****61.25

DOCUMENT # 714789

1. Entity Name
EAGLES MEMORIAL FOUNDATION, INC.



Principal Place of Business
**4710 FOURTEENTH STREET
BRADENTON, FL 34207-2003**

Mailing Address
**4710 FOURTEENTH STREET
BRADENTON, FL 34207-2003**

50007265



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1463340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRIFF, THOMAS J.
4710 14TH ST W
BRADENTON, FL 34207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SULLIVAN, JERRY
231 HILLCREST DRIVE
FREDERICKSBURG, VA 22401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BLUM, WILLIAM
132 NELSON RD
WINLOCK, WA 98596** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARTY, W.P.
570 BONITA CIRCLE
LAS CRUCES, NM 88005** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
BOLLENBACHER, EDGAR L
2560 OREGON RD.
ROCKFORD, OH 45882** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZIEBOL, GEORGE
1111 NORTH 2000 WEST, #324
OGDEN, UT 84404** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SMITH, FRED E
PO BOX 10
AU TRAIN, MI 49806** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
SMITH, FRED E.
P.O. BOX 10
AU TRAIN, MI 49806** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CLARK, WAYNE D.
3001 SCOTCHWOOD DRIVE
JONESBORO, AR 72401-8216** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

**WAYNE D.
CLARK**

2/28/06

870-802-4237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #